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BULLETIN of the MENNINGER CLINIC

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BULLETIN of the
MENNINGER CLINIC

VOLUME 10 JANUARY, 1946 NUMBER 1

THE MENNINGER FOUNDATION SCHOOL OF PSYCHIATRY

Introduction

In a previous number of this BULLETIN (March 1945) an attempt was made to survey the field of psychiatric education with the aim of noting some of the limitations and defects in the present system and suggesting certain objectives for the future. In the field of graduate training it was pointed out that the emphasis is changing from intramural psychiatry to extramural psychiatry and that consequently the teaching in hospital residencies is no longer adequate unless it includes this new orientation to out-patient problems and training in treatment techniques applicable to them. It was also argued that the resident in graduate training needs systematic didactic instruction, tutorial counsel, seminar participation, and reading prescription and guidance, all in addition to actual clinical experience. In such an intensive teaching program the resident can no longer "pay his way" by his work as a medical assistant. Since neither the hospitals nor the average resident can afford to pay the additional cost, the problem is how to provide well-rounded training.

With these considerations in mind and with the pressure of many applicants for graduate training coming out of the Army and Navy, the Menninger Foundation decided to establish a graduate school of psychiatry which would incorporate the psychiatric services of a number of other facilities. Such an organization has the advantage of giving the student a varied experience on in-patient and out-patient services and at the same time of keeping him under the guidance of a central school and its faculty. His instruction is planned and correlated with his progression from one psychiatric service to another. The faculty employed by the School oversees the student's work in the various services and institutions to which he is assigned. The cooperation of several hospitals and agencies in this teaching program plus the educational provisions of the "G.I. Bill of Rights" made it possible to envision this educational program. The students were to receive nominal financial remuneration during their training and the School was to receive tuition fees.

This plan, which originally included the psychiatric service of the Army's Winter General Hospital, has been stabilized and improved by the conversion of Winter General into a permanent hospital of the Veterans Administration, whose chief medical officers—Major General Paul R. Hawley,

Captain Daniel Blain, Lt. Col. I. A. Marshall, Dr. Paul B. Magnuson and others—are endeavoring to carry out General Bradley's purpose of raising the veterans' hospitals to a high professional standing. Their wish to establish clinical services with a teaching program supports the purposes of the Menninger Foundation School of Psychiatry so excellently that the Director of the School has agreed to serve temporarily as Manager of the Veterans Administration Hospital in Topeka in order to facilitate the integration of these two institutions. Cooperation of the School and the Veterans Hospital enables fellows of the School to hold training positions in the Veterans Administration.

The educational program of the Menninger Foundation School is based on the conviction that graduate psychiatric training must be both extensive and intensive, that it should be systematized and standardized, and that it should include both didactic instruction and supervised clinical work. Ideas and recommendations made by various authorities and in various conferences during the past few years have been incorporated in the plan already in operation at the Menninger Clinic for fifteen years. Among these might be mentioned the Hershey Conference on Psychiatric Rehabilitation held in February, 1945, under the auspices of the National Committee for Mental Hygiene. Previous publications of the Menninger Foundation have indicated the way in which these ideas have gradually assumed practical form.

The School offers a three-year course in general psychiatry, with opportunities for further specialization in child psychiatry and psychoanalysis. The following institutions provide clinical facilities:

The Menninger Psychiatric Hospital
The Menninger Clinic—Outpatient Departments, Adult and Children's Sections
The Southard School
The Topeka Institute for Psychoanalysis
The Topeka Municipal Clinics
The Winter General Hospital, Veterans Administration

Facilities for clinical services of the Menninger Psychiatric Hospital will continue as they have been organized in the past except that a slightly enlarged bed capacity has made practicable the organization of two services under the medical director, Dr. Robert L. Worthington. In the Veterans Administration Hospital eight services are contemplated, corresponding with the standard departmentalization used in large psychiatric hospitals. In addition there will be a medical and surgical service for psychosomatic studies. A service for child psychiatry is available at the Southard School, under the direction of Dr. Mary Leitch and Dr. John B. Geisel. Outpatient services are maintained for both adults and children by the Men-

ninger Clinic and by the Topeka Municipal Clinic. An out-patient department has been organized at the Winter General Hospital.

The method of assignment and rotation to these Services will be discussed below. To be emphasized is the principle that clinical assignments will occupy one half the students' time; systematic didactic work the other half.

Faculty

Administrative

Karl Menninger, M.D., Director
Robert P. Knight, M.D., Assistant Director
Robert L. Worthington, M.D., Assistant Director
B. E. Boothe, Ph.D., Registrar and Dean of Instruction

Senior Consultants

Brig. Gen. William C. Menninger, M.C., AUS, Director Neuropsychiatry Consultants Division, Office of the Surgeon General
Lieut. Col. John H. Greist, M.C., AUS, Seventh Service Command
Leo H. Bartemeier, M.D., Detroit, Mich.
Erik H. Erikson, San Francisco, Calif.
Robert L. Worthington, M.D.
David Rapaport, Ph.D.
Robert P. Knight, M.D.
Karl Menninger, M.D.

Instructors

Myrl Anderson, O.T.R. (Occupational Therapy)
Ruth I. Barnard, Ph.D., M.D. (Neurology)
Paul Bergman, Ph.D. (Psychoanalytic Literature)
Helvi Boothe, M.S.S. (Psychiatric Social Work)
Margaret Brenman, Ph.D. (Hypnosis and Psychological Research)
Lucille Cairns, B.A. (Psychiatric Social Work)
H. Harlan Crank, M.D. (Neurology and Psychiatry)
Sibylle Escalona, M.A. (Child Psychology)
Michalina Fabian, M.D. (Psychotherapy)
John B. Geisel, Ph.D. (Educational Psychology)
Merton M. Gill, M.D. (Hypnosis)
Major Edward D. Greenwood, M.C., AUS (Special Therapies)
Edward D. Hoedemaker, M.D. (Psychiatry)
Mary Leitch, M.D. (Child Psychiatry)
Anna T. Lownie, R.N., M.A. (Psychiatric Nursing)
Lieut. Milton Lozoff, M.C., USNR (Psychiatry)
Henry H. Luster, M.D. (Electroencephalography)
William L. Pious, M.D. (Psychotherapy)
Lewis L. Robbins, M.D. (Psychiatry)
Nathan Roth, M.D. (Psychosomatic Medicine)
Robert L. Worthington, M.D. (Psychiatry)

Guest Lecturers 1945–46 (Incomplete list)

Dr. Franz Alexander, Chicago Institute for Psychoanalysis
Mr. Rowland Allen, Personnel Director, L. S. Ayres & Co., Indianapolis
Miss Julia Alsberg, Director of Vocational Counseling Service, American Red Cross, St. Louis
Maj. B. H. Balser, Chief, Section of Neuropsychiatry, AAF Regional Hospital, Lincoln, Nebraska
Dr. Leo H. Bartemeier, Professor of Psychiatry, Wayne University Medical School, Detroit
Dr. Therese Benedek, Chicago Institute for Psychoanalysis
Dr. Edmund Bergler, New York City
Capt. Daniel Blain, Director, Neuropsychiatric Services, Veterans Administration, Washington, D. C.
Dr. Hervey Cleckley, Professor of Psychiatry, University of Georgia Medical School, Augusta, Georgia
Dr. Milton Erickson, Eloise Hospital and Infirmary (Michigan)
Mr. Erik H. Erikson, San Francisco
Dr. Otto Fenichel, Los Angeles
Lieut. Col. John V. Fopeano, Base Surgeon, Topeka Army Air Field
Dr. Edwin F. Gildea, Professor of Psychiatry, Washington University School of Medicine, St. Louis
Dr. Carlyle Jacobson, Asst. Dean, Washington University School of Medicine
Dr. Leo Kanner, Assoc. Prof. of Psychiatry, Johns Hopkins Univ. Medical School, Baltimore
Dr. Ernst Kris, New York City
Dr. Rudolph Loewenstein, New York City
Dr. Robert N. McMurry, Chicago
Lieut. Col. A. M. Meerloo, Royal Netherlands Army
Capt. Aaron Stein, Chief of Neuropsychiatric Section, Topeka Army Air Field
Dr. Robert L. Sutherland, Director of Hogg Foundation, University of Texas

Prerequisites

Applicants for the course in general psychiatry should have a medical degree from a Class A medical school or the foreign equivalent, and must have completed at least one year of general internship or the equivalent.

Admission

Applicants will fill in a formal application blank, obtainable upon request, and return it to the Registrar, who will refer it to the Education Committee of the Menninger Foundation. Whenever possible the Education Committee prefers to interview applicants. It is also recommended that each applicant complete a battery of psychological tests, including the Rorschach, which is provided by the Menninger Clinic. The action of the Education Commmittee will be communicated to the applicant by the Registrar as promptly as possible.

Advanced Standing

The American Board of Psychiatry and Neurology grants one year of credit toward the three-year requirement of graduate psychiatric education for military service in neuropsychiatry. In general, the Education Committee grants second-year standing to veterans who have had a year or more of well-rounded psychiatric experience in military hospitals.

Applications for Training in Psychoanalysis

Candidates for psychoanalytic training are chosen from the fellows of the Menninger Foundation School by the Education Committee only upon thorough acquaintance and after a period of training.

Although psychoanalytic training is strongly favored, it is doubtful that additional training analyses can be scheduled until late in 1946, when the number of training analysts can be increased.

Tuition and Other Fees

An over-all tuition fee of $750 per year is charged all fellows, payable by the year or by the quarter. (Under provisions of the "G. I. Bill of Rights," this fee may be paid for veterans by the Veterans Administration.) Additional charges are made for training in psychoanalysis.

An application fee of $20 is charged, payable when the applicant visits the Menninger Clinic for preliminary interviews and psychological testing. The registration fee is $10.

Training Positions in the Veterans Administration

On the recommendation of the Education Committee, fellows of the Menninger Foundation are appointed to staff positions in Winter General Hospital for duty in the neuropsychiatric services and for psychiatric education. Staff officers in these positions receive a salary of $3640 per year. Training positions will be extended for those who make satisfactory progress in the School until the course is completed. Fellows who hold these positions are entitled to the full privileges of the curriculum, as explained below.

Fellowships

A small number of fellowships for psychiatric education are available from the Menninger Foundation.

Maintenance and Payment of Tuition under the "G. I. Bill of Rights"

The Menninger Foundation School of Psychiatry has been approved for the training of veterans under the provisions of Public Law 346 (The "G. I. Bill of Rights"). Veterans may therefore apply to the Veterans

Administration for the payment of the tuition fee and for maintenance ($65 per month for men without dependents, $90 per month for men with dependents). Doctors holding positions in the Winter General Hospital are eligible to apply for the payment of the tuition fee.

Students not Eligible for Assistance under the "G. I. Bill of Rights"

This educational program has been planned mainly to accommodate veteran medical officers and to help the Veterans Administration in the post-war emergency. Non-veterans will be admitted, however, if clinical assignments are available for them. They will be charged the same tuition fees as veterans. Non-veterans may apply for training positions in the Winter General Hospital.

Living Quarters

Since housing is very difficult to obtain in Topeka, quarters are being constructed as rapidly as possible which will be available to fellows of the School of Psychiatry, and their families. Since these are technically "temporary quarters" only, a low rental will probably be charged.

Bachelor quarters are immediately available to fellows who wish to begin work at the School before the family housing units are completed.

Schedule of Lecture Courses and Seminars

Lecture Courses and Seminars are scheduled to accommodate the enrollment of medical officers, separated or discharged, on January 2, April 1, and July 1, 1946 and on January 2, 1947.

General Plan of Instruction

A three-year program is contemplated as minimum, in accordance with the requirements of the American Board of Psychiatry and Neurology, Inc. This does not preclude certain individuals from registering for one year only and does not guarantee that a fellow who has completed one year will be permitted to remain for a longer period if his qualifications do not indicate continued residency to be desirable. In all three years the following teaching devices will be used:

One Half Time	*One Half Time*
Lectures	Supervised
Seminars and Conferences	Clinical
Reading assignments	Assignments
Research assignments	

Orientation

All beginning fellows, for a period of three to five weeks depending on the extent of their former psychiatric experience, will attend small group

seminars for the discussion of introductory psychiatric literature, for the study of history taking, the psychiatric examination, and the case abstract, and for orientation in the procedures of the Menninger Psychiatric Hospital, the Southard School or the Winter General Hospital.

Reading Assignments

A course of selected reading in the field of psychiatry and its numerous applications will be outlined for all fellows and periodic checks will be made of progress. Current literature will be reviewed at special seminars. Psychoanalytic literature will be covered in special seminars.

Lectures

Lectures are arranged in series of basic courses and advanced courses. Basic courses will be required of all fellows except those for whom the Education Committee approves specific advanced standing. The more advanced courses are to some extent elective.

The basic (First Year) courses as tentatively planned are as follows:

Neurology (1 quarter)
(Courses in Neurophysiology and Neuroanatomy will be added later.)
Psychology (4 quarters)
General Psychiatry (4 quarters)
Psychiatric Treatment (2 quarters)
Psychiatric Diagnosis (2 quarters)
Psychoanalytic Orientation (1 quarter)
Patient Management (1 quarter)
Public Speaking and Scientific Writing (1 quarter)

The advanced (Second Year) courses are planned to include the following:

Neuropathology or Advanced Neurology (1 quarter)
Child Psychiatry (1 quarter)
Hypnosis (1 quarter)
Psychosomatic Medicine (1 quarter)
Special Applications of Psychiatry: Educational, Industrial, Legal, Social, Military and others (4 quarters)
Psychotherapy (1 quarter)
Psychoanalysis (4 quarters: restricted to candidates of The Topeka Institute for Psychoanalysis)

The Third Year will be devoted to special assignments and special studies in psychoanalysis, child psychiatry, or adult psychiatry; explorations in psychosomatic medicine, criminology or educational or industrial psychiatry; and the completion of a research project.

Seminars

Seminars directed by faculty members or visiting specialists are held

daily. No fellow is expected or even permitted to attend all of these. The schedule of seminars is as follows:

Neurology and Correlation of Psychiatry with General Medicine, (Mon. Evenings)
Child Psychiatry, (Tuesday Evenings)
General Psychiatry (Wednesday Evenings) (main staff seminar)
Therapeutic Techniques, (Thursday Evenings)
Psychosomatic Medicine, (Friday Evenings)
Psychoanalysis, (Saturdays—Monthly)

Clinical Instruction

Supervised clinical assignments will occupy at least one-half of the students' working hours. These assignments will be made on the various services of the Winter General Hospital, the Menninger Psychiatric Hospital, the Menninger Clinic and the Southard School. In Winter General Hospital the responsibility of case supervision is divided between the head of the service and a consultant known as the instructor for that service. Fellows will prepare records on their assigned cases under supervision, and present case abstracts at staff conferences. Staff conferences will be held daily, at both Winter General Hospital and the Menninger Clinic. Each fellow is expected to attend at least five conferences per week; he may attend more if time permits. During the period of assignment to cases in any service or department, fellows will attend small weekly seminars held by the head of the service or the instructor for the discussion of problems in the relationship of the doctors and the patients.

Since the number of services available is large enough to permit individual programs of varied clinical assignments, our plan calls for a rotating system of assignments among the services of all the collaborating institutions. The number of available services permits some choice of assignments during the first and second years of the course, and in the third year fellows will be encouraged to choose different specialties. The Education Committee will plan with each fellow a program of clinical assignments which will insure balance of varied and intensive training and the most profitable specialization.

The clinical services of the collaborating institutions as presently planned:

Menninger Hospital, East
Menninger Hospital, West
Out-Patient Department of the Menninger Clinic, Adults
Out-Patient Department of the Menninger Clinic, Children
Southard School (residential children's cases)
Topeka Municipal Clinics
Reception, Winter General Hospital

Acutely Ill, Winter General Hospital
Neurological, Winter General Hospital
Female Psychiatric, Winter General Hospital
Psychoneurotic, Winter General Hospital
Continued Treatment, Winter General Hospital
Convalescent, Winter General Hospital

Research Assignments

It will be strongly recommended (perhaps required) that each fellow undertake a research project sometime during his training period, preferably during the third year. For assistance and direction in these projects the Research Committee of the Foundation will be available and if special funds are needed for equipment, travel or other such expenses application may be made to the Executive Committee of the Foundation.

Certificate

A certificate or diploma certifying to the work accomplished will be awarded on completion of the course.

Inter-Relationships with Other Educational Programs

The educational program outlined above applies to physicians. Arrangements are being made for the expansion of courses now being given in the Menninger Psychiatric Hospital, the Menninger Clinic and the Southard School. Courses for clinical psychologists, psychiatric nurses, psychiatric social workers, occupational therapists, recreational therapists and attendants will be described in a later announcement.

Authority

This announcement has been prepared by the Education Committee of the Menninger Foundation—Drs. Robert Knight, Robert Worthington, Karl Menninger and Bert Boothe—and approved by the senior faculty members listed on page 3. It is subject to change.

A NOTE ON THE TREATMENT OF DEPRESSIVE PSYCHOSES IN SOLDIERS

By H. M. SEROTA, Captain, M.C.*

Characteristic differences between the acute psychoses of the soldier and civilian have been remarked by some observers[1,2]. In such comparisons a superficial yet generic discreteness is evident. Both qualitatively and quantitatively these differences shed light on an aspect of superego psychology and afford the military psychiatrist an opportunity not given his civilian colleague to observe and to treat certain psychotic symptoms which are clearly the soldier's reaction to a specific, hostile, and inescapable milieu. Simmel[3,4] has recently reviewed his experience in the last war in this light.

In the following cross-sectional study of a group of 300 successive cases admitted to a special "depressed and suicidal" ward, an attempt has been made to present the most representative types of reactions and to draw therefrom certain therapeutically useful conclusions. For purposes of this discussion case examples of impulsively suicidal psychopaths who were also admitted to the same ward have been omitted.

The group of reactions herein described which differentiate the soldier's psychosis from the civilian's, appear to fall in the category of "defense" psychoses. The soldier patient, unlike the civilian patient, seems to hold intact a portion of his contact with reality, so that he preserves the attitudes and demeanor of a soldier, especially in regard to authority. This ability to make his behavior conform to the military code, in spite of a severe and disabling mental illness, deceives some observers into thinking that there is an element of simulation in the psychotic picture. An astute schizophrenic patient resentfully observed that such patients only *acted* "off."

One need only make rounds in a military hospital and ask routine questions of each patient to recognize that despite the apparent severity of his psychotic disability he automatically recognizes and conforms to the accepted officer-soldier relationship. Since a soldier on duty does not speak freely to an officer, neither does a soldier patient do so. It is an artificial and yet real situation in which the soldier's "ataxia" of emotional expression, based on the military code, is at once apparent, and colors his entire behavior. It would even seem that there is superimposition of a psychosis upon an otherwise moderately constricted personality. The reactive nature of the soldier's psychosis appears in sharp contrast to the civilian's psychosis. While the civilian displays symbolic symptoms in

* Darnall General Hospital, Danville, Kentucky. Adjunct, Dept. of Neuropsychiatry, Michael Reese Hospital, Chicago, Ill. (on military leave of absence).

which an old conflict of infantile origin can be surmised from the exaggeration of his lifelong autistic modes of expression, the soldier presents a picture in which the psychosis is recent, and apparently strictly isolated from some parts of his personality, so that his behavior has a dual character that gives it a histrionic quality.

It is impressive to watch such patients suffer publicly and later enjoy a cigarette privately, make repetitive self-depreciatory statements to the officer and yet preserve some residua of their normal manner, physical appearance and appetite. Unlike the true involutional depressions, such depressed and agitated patients as are here described show a sleep chart of early restlessness and disturbed rest but no early morning awakening. For the doctor to imply by word or attitude that such men are "goldbricks" results only in deepening the regressive tendencies as the patient attempts to save face. To treat such patients as invalids, and thus support the desire to be "mothered," is also fraught with its dangers. The immediate problem of therapy is to protect the patient from his overbearing super-ego and its expressions in agitation, depression, and impulsive, usually unsuccessful suicide.

In response to oppressive authority, hostility and anxiety are ordinarily aroused, but the military environment does not permit appropriate expression of such emotion. Inhibition replaces the expected reactive aggression. In response to impending combat the soldier experiences anxiety, but flight is replaced by a "freeze" of self-perpetuating character which to the observer represents a retirement into illness. Amnesia while AWOL is another form of such inhibitory function. For the soldier there can be no respite, except in illness, from the demands of his environment while the civilian may quit his job or rail at his superior. The "moral code" is alone sufficiently strong to prevent such overt aggressiveness by many soldiers, and for most the Articles of War are a strong deterrent. Just how strong this sense of duty is can be seen in the verbal productions of our patients.

The sincere emotional protestations of many newly arrived patients on the closed "depressed" ward follow a common pattern. "What are the charges against me?" they cry. "Why can't I have a court-martial now instead of waiting?" or "I've messed up, I know." These self-accusations have no basis in fact; they are typical reactions to the military code of honor which the soldier has accepted. It is as if the superego were indicating that evacuation to safety must be accompanied by appropriate punishment, as must all desertion and shirking of duty in the danger zone. Because of the obvious danger of impulsive, bizarre suicide it is essential that the officer relieve the patient's guilt feelings and apprehension at once as far as possible. The closer the patient has been to actual combat operations the more severe are these reactions of guilt and self-depreciation.

The following case illustrates the severity of these guilt reactions, and shows also how totally unrealistic psychotic delusions and behavior can co-exist with correct military demeanor toward an officer.

Case Report

The patient was a 22 year old corporal who had always been a quiet, conscientious farm boy. His past history revealed that he had always been shy in the presence of girls but had some friends whose company he enjoyed. He had always helped his father on the family farm, and frequently felt called upon to improve on his father's methods. He was happy to enter the military service and with diligence and hard work was promoted to corporal in the field artillery. He shortly became depressed, felt that he was a fraud and a traitor as he had had only a seventh grade education, and would endanger his men. He slashed both wrists in a suicidal attempt, severing many tendons bilaterally. After being discovered several hours later and treated for shock and hemorrhage, he regained sufficient strength to leap out of the second floor window of the hospital. Some months later while still overseas he obtained access to a bottle of phenol while in another hospital but was fortunately under surveillance and was prevented from harming himself.

Upon admission to the closed ward he stated that he was fully prepared to stand trial, that he had deserted his outfit and, if possible, he would like to be shot. He was depressed, his voice was monotonous and low, and he showed marked psychomotor retardation. When he spoke of his supposed misdeeds there was some display of energy. As he had had actual combat experience he was encouraged to relate events exactly as they had happened in order that the ward officer might have a complete record of the supposed crime. Each day the patient would present himself at the officer's door, stand at attention and state, "Sir, I deserted my outfit." Each time this was countered with the statement that reports in Army files indicated that this was not so, and that he was merely a soldier fatigued in battle who was sent to the hospital to rest. Gradually his agitation diminished and it was possible to assure him that he could make a contribution to the war effort in civilian life as well.

At approximately this point his mother visited the hospital. She sat with him constantly, bringing fruit and candy at each visit. When he wished to talk she drew him out and constantly urged him to relate his experiences overseas. She reassured him about the future. Within a week this familiar contact resulted in such alleviation of his symptoms that on ward rounds he stated, "Sir, I didn't realize what I was like all those months."

A more common type of acute psychosis found among the patients in our group is distinguished from civilian psychoses not in kind but by the fact that it seems to be more frequently stimulated by military life than by civilian life. This is the psychotic reaction of the patient who has at the core of his personality an unsuspected nucleus of latent homosexuality. It is our impression that many patients of this type would not have been

driven into an acute panic and psychotic break if they had not been in military service where they could no longer avoid recognition of their conflict. The acuteness of the homosexual panic may abate with appropriate treatment even though the basic personality remains unaffected.

Case Report

The patient, a well developed 19 year old private, was inducted shortly after the completion of a successful high school career in which he had engaged in numerous extra-curricular activities and had made many friends of both sexes. However, his past history revealed the significant facts that he had always been concerned about a congenital hypospadias, and that his father had died when the patient was only 12 years old, leaving him in the care of a solicitous mother and older sister. He was able to make the initial adjustments to military life until assigned to a regular outfit. Soon he began to experience feelings of inadequacy when his more mature barracks partners discussed their sexual escapades. He became progressively preoccupied with his apparent deficit until he could no longer perform his duties, and then reported for sick-call because of "the jitters." He decided that his hypospadias unsuited him for a future of married life, and a well-meaning medical officer, in explaining the etiology of his condition, informed him that something must have gone mildly askew with his endocrines early in life. The patient grasped at this bit of information and arrived at a conclusion that he was a hopeless "born" homosexual. He became progressively more agitated, irritable, and hyperactive, threatening to commit suicide if any weapon were convenient, and had to be hospitalized.

Upon transfer to this hospital and admission to the "special watch" ward, he was tense, restless, agitated, and easily distracted. He misidentified people and demanded an immediate court-martial, stating that we probably would not inform him of the charges against him, anyhow. He was sure he had heard several people call him a homosexual, but did not know whether he was accused of active or passive practices. The constant reiteration by the ward officer that the patient was not a prisoner bore results after a period of a week, so that the patient could be induced to relate his history amidst his continued tearful protestations of innocence and fear of court martial.

No analysis or uncovering was attempted, but in following up the patient's freely expressed concerns over his physical deformity, he was progressively reassured that since he could have both an erection and nocturnal emission his equipment was entirely adequate. The patient continued to rub the hump on his nose as he was being addressed, whereupon it was explained that the mere physical appearance of his other appendage was entirely analogous, for he had no difficulty with his nasal function despite its shape. He smiled in response and the thesis was again emphasized with a penciled sketch. Following a repetition of the same points to which the patient listened with rapt attention he relaxed, seemed much less anxious, and soon was apparently self-confident to the point where he began to entertain other patients on the ward with his imitations

of celebrities and vocal representations of musical instruments whenever called upon to do so at talent shows. Approximately three months later he sent a letter indicating that he was again working at his old job after discharge from the service.

It would be erroneous to assume that an acute homosexual panic had been "cured" in any sense of the word, but the acuteness of the patient's fear was obviously allayed to a considerable degree. This case illustrates the image of authority which the officer-psychiatrist becomes in the mind of his soldier-patient. Similar results in civilian life have been discussed in terms of "transference cure" by Knight[5].

The foregoing case also illustrates the typical self-depreciation of the soldier patient when talking to an officer. This tendency is apparent regardless of the form his anxiety takes, the degree of his withdrawal or the depth of his delusions. If he speaks at all in the officer's presence he depreciates himself.

Since the symptoms may be aggravated by certain kinds of stimulation, it is well to study the reality soldier-officer relationship. While in the "line" the officer is commander, the symbol of the dreaded Articles of War, a demanding father, a court of public opinion and the absolute voice of parental authority to a small impotent child. He can order a march into certain death but yet is impartial and fair to all. The medical officer continues to wear this responsibility to some degree, but, in addition, offers an avenue of escape by virtue of his membership on certain medical boards.

The traditional power of the physician as a magical healer and father figure is greatly enhanced in the Army by his military officer status, but at the same time the absolute control which he seems to have of the patient's destiny may influence the patient's symptoms in the typical way indicated. The patient is induced by his fears to present himself in a light which conforms to his recent but thorough indoctrination in military code. The aggressions and unsocial behavior of the civilian psychosis are rigidly ruled out by this code. It is to be expected therefore that these aggressions will be turned in upon the self in the form of depressions. This direction of the aggressions along acceptable military lines is what is typical of the soldier psychosis and it is what gives the illness the element I have described as "histrionic." It is important to realize that such a patient is not acting worse than he feels, but that he is substituting an unnatural expression of his feelings for a natural one.

The observer may recognize several stages of change when the patient has been returned to the zone of the interior to await disposition. Initially there is usually a period of retardation, inhibition, and confusion during which the patient experiences hypnagogic hallucinations or ideas of reference and suspects that other patients and ward personnel suspect him of passive homosexuality. Occasionally the belief is concerned with active

homosexual practices; or the patient who has been shy and seclusive during the greater part of his life feels that his feelings of unworthiness are caused by his having masturbated.

Case Report

One patient who gave a history of having always been shy with girls but of having had occasional contact with prostitutes, had been a steady worker in civilian life. He had been somewhat tense all of his life. Upon entering the service at the age of 35 he made a successful adjustment, even during active combat overseas, but when his outfit was sent to the rear for a prolonged period of inactivity he developed the idea that his buddies were accusing him of homosexuality. When this became unbearable to him he shot himself through the chest with a .45 cal. pistol, narrowly missing his heart. When sufficiently recovered he was evacuated to the United States and on admission to the hospital was preoccupied, withdrawn, and terse in his remarks. He admitted strong ideas of reference regarding accusations of homosexuality and several times reported these feelings spontaneously. However, repeated assurances to the effect that no one suspected him of that at all seemed to be sufficient to assuage his tension, and within a period of four weeks he became more cheerful and helped voluntarily with ward chores. His statement showing insight was, "Those ideas I had must have been my imagination." After he was informed that he was to be discharged from the Army, he stated, "I must have been pretty nutty when I got wound up back in my outfit."

It is characteristic, in our experience, that the subsequent course of the illness is in great part dependent on the earlier structure of the patient-parent relationships and their derivatives. The more substantial this tie the more benign and hopeful is the course; the more broken and tenuous, the more malignant. And, as a valuable therapeutic corollary, the visits of relatives are to be encouraged and used with definite therapeutic intent, quite unlike the situation that obtains in civilian practice. An example of the good results of such a visit follows:

Case Report

A 21 year old private who had attempted suicide by drowning while overseas was later evacuated to the United States in a severely depressed and withdrawn state. Following the visit of his mother he became somewhat more alert and then requested to be sent to the occupational therapy department. However, he continued to berate himself and constantly voiced his feelings of inadequacy despite affidavits in the record to the contrary. Although semi-stuporous on admission, and still retarded to some degree on discharge, he wrote a long letter one month later indicating that he was gainfully employed, felt that he was helping in the war effort, and that he was again supporting his mother as he had previously done.

It is frequently possible to base a prognosis of the acute psychotic episode on this reaction to the visit of relatives, and the observer is struck by the analogy of the situation to that of a beaten and bewildered child

rescued from a totally hostile environment by its parents. Correspondingly the rôle of the medical officer becomes clear. He must appreciate that the mere presence of his insignia of rank represents not only the reality of war but also a personification of the patient's superego. Once he understands this and avoids all punitive and hostile gestures and words, it may be possible for him to penetrate the fog of withdrawal, psychomotor retardation and inhibition that envelop the anxious and frightened patient. Frequently only the pentothal or amytal interview will abolish the anxiety sufficiently so that contact may be established as Grinker[6,7] has shown.

Because of the fact that the medical officer must become a permissive and mild embodiment of self-critical tendencies, Brig. General William C. Menninger[8,9] has cautioned that the psychiatrist's own life-adjustment may be a determining factor in the future adjustment and recovery of his patient. As the burden of war is common to both, it remains for the officer to retain his emotional security and help to alleviate the superego punishment endured by the patient. This may appear trite, but it is all too easy for the therapist to voice some derivation of the theme "your buddies are still at the front" not only directly, but by timorous and insincere reassurance. In addition, the schizoid patient is quick to sense overt or even "gentlemanly" hostility and, as a result, becomes quickly withdrawn and preoccupied so that his mode of expression becomes more primitive.

It is quite possible to build up a vicious cycle of: hostility—anxiety—incoordinate blocked expression—more hostility (from harried ward attendants)—more anxiety—more blocking, etc. The cycle is amazingly like an intention tremor, and when finally the anxiety has become too great, expression ceases.

The military hospital environment itself can become an aid in therapy. If the initial symptoms are those of self-depreciation, then association with obviously disordered patients results in many cases in further feelings of self-depreciation and conformity with the demonstrated opinion of the officer responsible for the assignment. This is expressed by the formula "You must have thought I was really crazy and so you put me here." "What do I think or what have I done that was bad or that needed punishment or contempt?" The final result may then be preoccupation and agitated withdrawal. In many cases, however, where reality-testing has not broken down entirely, the disparity between how he feels and how he must look to others is recognized by the patient, and the net result may be salutary. In still others the formula may be extended to include: "You called me crazy, and that's how I'm going to act."

Interpretations made by the officer to the patient are often overvalued as are the admonitions of powerful parents to a defenseless child who in turn learns to acquiesce in order to get along. Although from the stand-

point of increasing knowledge this may be a disadvantage, this is readily compensated by the tremendous therapeutic advantage that such prestige affords. In some cases only a commisioned officer can make the statement which will assuage the guilt feelings of the self styled "deserter" who believes that he has been imprisoned on a closed ward to await court-martial. Certainly it devolves on the therapist to convey the proposition "You did your duty, but you reached your breaking point as others do when the cards are stacked against them, and a board of medical officers decided to discharge you to civilian life where you can still be of help in the war effort." A failure to achieve and convey this understanding to the patient will likely result in his continued self-torment and suicidal intent, or in a prolonged stay in a hospital at public expense.

Summary

The nature of the officer-enlisted man relationship is discussed and an attempt is made to show how that transference situation may be used to therapeutic advantage in the treatment of the acute phase of the illness. Since guilt feelings and other expressions of an over-bearing and uncompromisingly hyperactive superego may be aggravated by hostility or contempt, and result in the patient's attempting suicide or in the prolongation of his illness, the officer is cautioned about the double aspect of his rôle. Since, also, the future course of the illness depends on alleviation of the superego burden, it is emphasized that any resemblance to a punitive attitude on the part of the officer may result in a prolongation of the illness which then may be truly designated as iatrogenic disease.

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BIBLIOTHERAPY FOR NEUROPSYCHIATRIC PATIENTS*

Report of Two Cases

By JEROME M. SCHNECK, M.D.

The purpose of this report is to present clinical data on bibliotherapy in an effort to encourage further research with this form of treatment. Relatively little information on the subject is available in medical literature.

During the course of research on bibliotherapy at the Menninger Clinic a plan of study has been outlined[1], two bibliographies prepared[2, 3] and a review of the literature presented[4]. Reference to these publications will furnish the background for the development of interest in this field, demonstrating at the same time how very much remains to be accomplished.

This paper deals with two cases in which bibliotherapy has been used as an aid in treatment. In the first case it was incorporated into psychotherapeutic interviews, and in the second it was used as an adjunct to hypnotherapy. In neither instance was an attempt made to utilize bibliotherapy as the only therapeutic technique. This is hardly practicable because a separation in fact from "psychotherapy" is probably inconceivable; the first term virtually implies the second. No claim is made for the indispensability of bibliotherapy in the treatment of these patients; it has simply been a valuable aid in both cases.

The technique of bibliotherapy varies with the physician and patient. With an increase in our knowledge and experience, techniques may probably be standardized, although flexibility will undoubtedly be necessary in accordance with the requirements of the patient and the predilections of the therapist.

The various possible approaches in utilizing reading as treatment will not be discussed. Rather the methods employed with these two patients will be presented with comments or explanations as indicated.

Case Reports†

Case I: The patient, a 40 year old housewife, sought treatment for periodic depressions.

Historical Data: The family history was not remarkable. The patient was the third of six siblings, born and reared on a farm in a small midwestern community. Her social relationships in childhood and adolescence were good. She obtained a college education, paying for some of her expenses by part-time work, and then married a professional man. They

* Part of a research in bibliotherapy, The Menninger Foundation, Topeka, Kansas. For other reports, see papers listed at end of this article.

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had three children, one of whom died in early childhood. The patient taught school for several years. Her husband was friendly and sociable and both he and she were active in organizational activities.

Present Illness: Six years prior to the onset of the depression the patient had received thyroid medication for "nervousness" with questionable results. When the feeling of depression started she received estrogenic medication with no beneficial effect. Menopausal changes as indicated by oligomenorrhea began two years after the onset of the depression. The depressive episodes recurred in cycles for five years starting in the fall and ending by mid-January or February. During the last three cycles there was mild euphoria in the spring with resumption of normal behavior in the summer. When depressed the patient experienced feelings of inferiority with an inclination to limit her social contacts and loss of interest in household activities. She had feelings of unworthiness as a mother and wife and had thoughts of suicide. When mildly euphoric she was also hyperactive, reengaging enthusiastically in household and social activities. There was decreasing interest in sexual relationships in recent years.

Examinational Data: Physical and neurological examinations were essentially negative and findings on routine blood, urine and x-ray examinations were within normal limits. The BMR was minus 2.1%.

The clinical psychiatric examination revealed no perceptual defects. Recent and remote memory were good and accessibility was moderate. Historical information was furnished in organized fashion and no disharmony of affect was observed. The patient appeared mildly depressed. She had a characteristic bland facial expression which persisted unchanged throughout the period of study and treatment.

The Bellevue Scale revealed an I.Q. in the superior range. The Performance I.Q. was in the bright-normal range with the discrepancy indicating the depressive trend. There was no evidence of attention disturbance during the psychological testing procedures although some concentration disturbance was apparent. Anxieties seemed to be kept out of consciousness. Learning efficiency was excellent with everyday concept-formation superior in quality although it showed depressive narrowing. The diagnostic personality tests indicated a pre-morbid compulsive adjustment with clear-cut depressive stereotypy and meticulous thinking. There were also indications of obsessive inclinations. The Rorschach and Association Tests reflected a great tension of aggressions, and the Thematic Apperception Test revealed a sensitive woman with refined feelings and considerable versatility of associations. Despair and suicidal ideas were expressed but there was also an expression of hope for a better future.

On the basis of the history, clinical findings and psychology tests, a diagnosis of neurotic depression was made.

Treatment

The first book used in treatment was *Love Against Hate* by Karl Menninger. This was recommended when conflicts arose about mixed feelings which the patient recognized she might possibly have had toward her son during his fatal illness. This therapeutic approach was attempted because of the patient's intelligence and apparent receptiveness to psycho-

logical ideas. When this reading recommendation was made the patient was told that books were to be used in her treatment in order to enable therapeutic procedures to extend beyond the time limited to interviews.

Reading the book prompted discussion of her relative frigidity in sexual relations with her husband. This material arose in direct association with portions of the subject matter in the book. While reading *Love Against Hate* she was stimulated to consider her relationship with both her husband and her deceased son. Also while discussing the book various types of psychiatric treatment were referred to and the patient inquired about the distinguishing features between psychotherapy and psychoanalysis. Misapprehensions were clarified and the discussion as a whole served an educational function for the patient. Rapport between patient and examiner thus seemed enhanced.

Further discussion of material in *Love Against Hate* led directly to an evaluation of the patient's relationship with her parents and siblings, and her school and social activities. The patient was only moderately accessible when treatment was started and the discussion of her reading seemed definitely to increase accessibility. Through association with subject matter in this book the patient was led into a discussion of her relationships with her children, feelings of guilt involved, ideas about childhood masturbation and her own conflicts about this.

After finishing *Love Against Hate* the patient spontaneously requested further reading recommendations. In order to increase accessibility even further *The Human Mind* by the same author was recommended and conflict material likewise elicited. In addition to *The Human Mind* the patient was given the November 1944 issue of *The Bulletin of the Menninger Clinic* (Pediatrics Number). This was highly effective, functioning in the same manner as the aforementioned books. While reading *The Human Mind* the concept of resistance in treatment arose. The patient recognized both intellectually and emotionally its application to herself.

Man Against Himself by Karl Menninger was then used and the patient found the sections on suicide depressing and unenjoyable. It made her uneasy, thus confirming the impression of other workers in this field that it is inadvisable to recommend reading material dealing with suicide to depressed patients. In view of the patient's tendency to re-read various sections of books prescribed, she was advised specifically to refrain from re-reading the subject matter dealing with suicide and she readily accepted the suggestion. No difficulties were encountered.

In the same way that the concept of resistance was encountered and discussed, the concept of ambivalence was likewise evaluated in relation to the patient's family and social relationships. Additional psychiatric terms and ideas were dealt with in this way.

After reading the aforementioned psychological material the patient continued to seek additional recommendations. Her various interests were discussed and it was learned that the patient's social outlook was broad and that she was anxious to learn about people in geographical and social settings different from her own. The writings of J. P. Marquand were mentioned to her and three of his books recommended—*The Late George Apley, So Little Time,* and *H. M. Pulham, Esq.* The patient had improved greatly by this time and reading was prescribed as much for recreational and educational purposes now as for nuclear material for further discussion.

Further discussions of books and interests revealed a long standing desire to learn the elements of astronomy, and reading recommendations were made in accordance with this.

Shortly before treatment was terminated the patient was considering the possibility of working on a voluntary basis at an Army hospital. Among the possibilities she considered was library work, in view of her previous experience in this field while at college and her renewed interest in books. When treatment was concluded the patient requested further suggestions for reading, especially of psychological material. It was felt that this preference could be satisfied while supplying at the same time books with both recreational and educational value. The following were suggested: Gregory Zilboorg's *Mind, Medicine and Man*; Helen E. Marshall's *Dorothea Dix—The Forgotten Samaritan*; Dorothy Blitzsten's *Psychoanalysis Explained*; Clifford Beers' *The Mind that Found Itself*; and William A. White's *Autobiography of a Purpose*. A brief description of each was given and apparently the patient's wishes were satisfied.

Case II: This patient was a 50 year old married woman who sought treatment for symptoms which had been disturbing her for the preceding four months. These consisted of various somatic complaints, insomnia, irritability and a constant feeling of fatigue without the ability to relax.

Historical Data: The patient was one of six siblings, born and reared on a midwestern farm. A maternal aunt was a patient in a mental hospital but there was no history of nervous or mental disease in any other members of the family.

The patient's scholastic record through high school was good and she attended a business college following her graduation. She worked steadily as a stenographer for six years and then married a man whose occupation was that of grocery dealer but who, in more recent years, operated a small farm. For many years the patient carried the burden of business transactions in association with her husband's work and, in addition, she did part-time stenographic work. She disliked housekeeping. She was interested in women's clubs and church work, actively engaging in social activities associated with the latter. The patient had two children, one of whom was dead at birth and the other living and well at 18 years of age. She was described by her husband as being meticulously clean about her person and home.

Present Illness: Although some of the patient's difficulties started during the four or five year period prior to treatment, they had increased in intensity four to five months before she appeared at the Clinic. At that time her menstrual flow had stopped completely. She complained of "nerves", frontal headaches, generalized headaches, a sensation of fullness over the bridge of her nose, insomnia, a feeling of fatigue without the ability to relax, irritability when conversing with friends and intermittent substernal pain of ten to fifteen seconds duration with aching of her arms, precipitated by emotional disturbances but not by physical exertion.

Osteopathic treatments had been of no aid and she then received six electroshock treatments at another sanitarium, obtaining temporary relief. She then complained, however, of a peculiar, painful sensation over the areas to which the electrodes had been placed.

Examinational Data: The physical and neurological examinations were essentially negative. Blood studies and urine analysis yielded results

within normal limits. Chest and skull x-rays were negative. Four leads on an electrocardiogram revealed a sinus rhythm with normal P waves and T waves and slight slurring of QRS complexes in all leads. It was interpreted as an essentially normal EKG with the appearance of no abnormalities after exercise.

In the clinical interview situation the patient's physical appearance seemed to be somewhat younger than her stated 50 years. She seemed tense, but when it was suggested to her she leaned back in her chair and attempted to relax. There was sighing and slow shrugging of her shoulders, giving the impression of fatigue. She was only moderately accessible and quite circumstantial, avoiding conflict material when probing was attempted. Cooperativeness in other respects was good. She was alert, well oriented in all spheres, with good recent and remote memory. No perceptual defects were elicited. Thought content centered largely on her somatic complaints. Her intelligence and fund of knowledge seemed average. Judgment was slightly impaired. The patient was usually tearful and manifested moderate anxiety. No disharmony of affect was evident.

The psychological tests corroborated the clinical impression of neurasthenia. The Bellevue Scale revealed an average I.Q. with the performance level below the verbal level. The original I.Q. seemed probably to have been in the bright normal range. Learning efficiency was fair but everyday concept formation very weak. The diagnostic personality tests confirmed the given diagnosis. The association test was relatively well ordered. The Thematic Apperception Test revealed extremely weakly integrated stories with minor perceptual misrecognitions and lapses of logic. Personal relationships appeared weakly represented.

Treatment: During the first few interviews hypnotherapy was used. The production of muscular phenomena was fair. The patient was able, under hypnosis, to furnish additional details of a dream which she was unable to do in the waking state. Manifestations of post-hypnotic amnesia were poor. The patient occasionally followed a post-hypnotic suggestion. The most marked effect of hypnosis was to produce a state of relaxation which the patient could not initiate spontaneously in the waking state. The disadvantages involved were the temporary effect of benefits derived and the lack of contact with the patient during intervals between visits. Pharmacologic aids such as seconal, acetyl salicylic acid and benzedrine for the production of relaxation, control of headaches and induction of a sensation of well-being were also of temporary value, but the danger existed of producing sustained reliance on barbiturates.

When bibliotherapy was started its initial purpose was to aid in eliciting conflict material difficult to obtain even under hypnosis. The idea again was to produce material by means of associations with reading matter. The bibliotherapeutic approach could thus be incorporated into hypnotherapeutic interviews or it could be used only as an adjunct to hypnosis if this were desired.

On questioning it was learned that the patient was reading books very little but she perused newspapers and magazines. The patient was told that books were going to be used as part of her treatment and that this approach had been found to be particularly effective in illnesses such as

hers. A random choice of novel was made when Graham's *Earth and High Heaven* was prescribed. The patient was specifically directed to read at bed time starting as much as one hour before her usual hour of sleep and she was advised not to discontinue reading in the event that headaches appeared. It was suggested that no other books be read at this time although no control was attempted of newspaper and magazine reading. No time limits were set. Shortly after this novel was prescribed the patient obtained and read the book. Discussion of the story led to material dealing with the social and economic conditions in the patient's home town. This in turn led to a discussion of personalities of friends and neighbors with an evaluation of the patient's social relationships at home. The conversation turned to the patient's father about whom much conflict existed. It was interesting to conjecture about the possibility that discussion of her father was initiated through an association with a section in the story wherein attention was called to the hands of one of the characters. It had been observed during the interviews that the patient was at times somewhat preoccupied with observing her own hands and the hands of the examiner. On more than one occasion also she had remarked that her father's hands were one of the most outstanding features about him.

The patient manifested an inadequate appreciation of the feelings of one of the characters in the story toward her father. At this time she attempted to avoid a detailed examination and evaluation of her relationship with her own father.

With the avoidance of conflict material the patient expressed concurrently a sense of relaxation when reading, maintaining that her attention was diverted from her own symptoms. This feeling of relaxation persisted even after she discontinued reading.

Because of the patient's preoccupation with physical disabilities in people and the anxiety which appeared when confronted with them, Butler's *The Little Locksmith* was recommended in an effort to initiate associational material which might in turn lead to an understanding of this difficulty. The story dealing with the problem of physical disability put the patient in a "dither". She reacted to this by expressing boredom with the story and did not finish the last few pages. She rationalized her feelings by maintaining that her own educational background was limited in the field apparently of uppermost interest to the main character of the book. Following discussion of this book the patient forgot to take it with her, leaving it in the therapist's office. She expressed later a reluctance to finish it and no insistence was used.

In view of the patient's symptomatic improvement without recourse to dealing with deeper conflicts, attempts to use books for the latter purpose were discontinued. Reading was recommended for diversion, relaxation and education and the advantages of this approach were discussed with the patient whose interest had been aroused and maintained. Suggestions were made for correlating reading with her hobby of collecting antiques. The frequency of visits was decreased and during the interval periods she followed the reading recommendations. Partial symptomatic improvement continued.

On a return visit it was felt that hypnotherapy could be used again

for its immediate bolstering effect in inducing relaxation and alleviating symptoms, and it proved effective. The ability to induce relaxation by this means was invaluable but limitations existed in that contact with the patient could not, of course, be maintained in this way during interval periods. Bibliotherapy was thus an extremely valuable adjunct.

The patient began to request further reading recommendations spontaneously. She remarked of her own accord that reading had helped to induce in her a feeling of relaxation, satisfaction and comfort.

The books recommended, therefore, for an interval period were as follows: R. McKenny's *My Sister Eileen*; Dorothy Parker's *Here Lies*; Hendrick VanLoon's *Lives*; Evelyn Eaton's *Quietly My Captain Waits*; and J. P. Marquand's *So Little Time*.

The patient continued to improve symptomatically and she began to average three hours a day at reading, expressing an opinion about the soothing effect, mentioning her great interest in it and appreciating her ability to utilize spare time effectively and fruitfully in this way. She continued to seek further suggestions. Additional recommendations were Kenneth Robert's *Northwest Passage*; P. G. Wodehouse's *Code of the Woosters* and other writings by this author; J. P. Marquand's *H. M. Pulham, Esq.* and *Wickford Point*; and Bowen's *Yankee from Olympus*. These books were discussed with the patient with suggestions as to extending the range of reading of her own accord along lines of interest, concentrating on the authors preferred most.

Discussion

Bibliotherapy was definitely advantageous in treating these patients. The educational and recreational merits have been mentioned. Its aid in eliciting conflict material was important; it was felt that treatment time was abbreviated, especially with the first patient. In addition, the prescription of reading matter enabled treatment to continue during the patient's absence from the therapist, contact thus being maintained between therapist and patient. This contact may be maintained not only during interval periods in treatment but for some time after termination of psychotherapeutic interviews if it is desired to continue a therapeutic relationship with the patient after he returns home. Sudden termination of treatment is thereby avoided.

A follow-up study of these patients is not presented at this time. It is not essential for the purpose of this paper since no attempt has been made to evaluate the bibliotherapeutic technique from the viewpoint of its relationship to prognosis. The aim has been rather to elucidate the technique with case material citing merits and mentioning some shortcomings.

Care must be taken in prescribing certain types of literature. This is illustrated by the first case wherein reading material dealing with suicide disturbed the patient. In some instances the author has used books in treatment with the purpose of producing anxiety but details of various types of reading material to be used or avoided are not given here since this

paper is not intended to present an over-all picture of applied bibliotherapy. Again in the first case the patient's obsessional inclinations caused her to dwell on certain features of the psychological material. No marked difficulties were encountered but some misinterpretations had to be clarified. This need cause no concern if one is prepared for it.

To achieve the several aims of bibliotherapy many forms of literature may be used. Psychological literature is by no means necessary although it is employed often. A shift from psychological non-fiction to novels is demonstrated in one patient and avoidance of psychological material following an initial trial is described in the other. One may have a good idea about the type of reading desired in some instances, whereas in others trial and error may be unavoidable, at least until standardization in technique is effected. Regardless of standardization, however, the maintenance of some flexibility is desirable, depending upon the tastes and aptitude of the therapist.

Summary and Conclusions

Two applications of bibliotherapy have been discussed. In one case it was incorporated into psychotherapeutic interviews, and in the other it was used as an adjunct to hypnotherapy. In presenting these cases historical and examinational data have been given but the treatment described has been limited largely to bibliotherapy itself with little information about details of treatment as a whole. The progress of each patient has been indicated, however.

Further experimentation with bibliotherapy would seem to be desirable because it may possibly facilitate and perhaps hasten treatment in certain cases. Its recreational and educational merits may be valuable for some patients. Further potentialities ought to be explored and more scientific evaluations attempted. Presentation of additional case material is desirable in order to encourage further trials, substantiate findings, furnish data for broader and more complete evaluation and aid generally in the development of another therapeutic method.

OTHER PAPERS IN THIS RESEARCH

(1) SCHNECK, JEROME M.: Studies in Bibliotherapy in a Neuropsychiatric Hospital, *Occupational Therapy and Rehabilitation*, 23: 316-323, Dec. 1944.

(2) SCHNECK, JEROME M.: A Bibliography on Bibliotherapy and Libraries in Mental Hospitals, *Bulletin of the Menninger Clinic*, 9: 170-174, Sept. 1945.

(3) SCHNECK, JEROME M.: A Bibliography on Bibliotherapy and Hospital Library Activities, *Bulletin of the Medical Library Association*, 33: 341-356, July 1945.

(4) SCHNECK, JEROME M.: Bibliotherapy and Hospital Library Activities for Neuropsychiatric Patients: A Review of the Literature with Comments on Trends, *Psychiatry*, 8: 207-228, May 1945.

THE WAR REPRINT SERVICE OF THE JOSIAH MACY, JR., FOUNDATION

More than five million copies of over four hundred leading medical and scientific articles have been published by the Josiah Macy, Jr. Foundation's War Reprint Service during the last three years. These went to medical officers of the armed forces of the United States, Canada, England, New Zealand, Australia, the Union of Socialist Soviet Republics and China. This Reprint Service was discontinued January first.

The Reprint Service of the Foundation has been an effort to bring new and important developments in the science and practice of medicine to medical officers who were largely cut off from the sources of medical information during the war. In the selection of these articles the Foundation has had the active cooperation of the Committee on Pathology of the National Research Council and of the National Committee for Mental Hygiene. The articles selected for reprint and distribution were those dealing with the most recent scientific developments that had a direct bearing on medical and health problems related to military service. The distribution to the medical officers was worked out in cooperation with the Surgeons General of the Army and Navy and the Air Surgeon. Through the courtesy of the National Committee for Mental Hygiene, more than one million reprints were delivered to neuropsychiatric medical officers.

Several complete numbers of the *Bulletin of the Menninger Clinic* were selected for distribution in this reprint service, because of their application to military psychiatry.

BOOK NOTICES

Emotional Problems of Living. By O. Spurgeon English and Gerald H. J. Pearson. Price $5.00. Pp. 429. New York, W. W. Norton & Co., Inc. 1945.

This is an excellent book which might have been more accurately entitled "Psychological Development of the Human Being." The first twelve chapters are an explicit, detailed account of psychosexual development, sufficiently technical to be used as a textbook for psychiatrists, social workers and child psychologists, yet written so that it could be useful to intelligent laymen as well. It is one of the best accounts of the psychology of the child that is known to the reviewer, a "must" for all child psychiatrists and a "should" for all others.

The last four chapters deal with treatment in a necessarily condensed form. The object of the authors has evidently been to provide in one volume of readable length a complete guide to psychological development and to its obstacles and problems. In this endeavor they have been unusually successful. The book will also lend itself admirably to teaching purposes although one wishes that for that purpose the authors would expand the treatment section into an additional volume in order to deal with it as thoroughly as they have covered the field of normal development. (K. A. M.)

Convulsive Seizures. By Tracy Putnam. 2nd Edition. Price $2.00. Pp. 160. Philadelphia, J. B. Lippincott Co., 1945.

This is the second edition of a book which needs no introduction, its value having been well proven by the demand for it by both the lay and medical publics. In the preface the author announces material added since the first edition; this includes information brought up to date on anti-convulsant drugs, and the problems of insurance and of employment of those suffering with convulsive disorders. The chapters are briefly summarized at their beginning and a successful attempt is made to render the book readable, understandable, and uniformly encouraging. If the author leans toward optimism in his views, he has erred on the proper side. The book deserves its position among those designed for lay consumption and the additions appear to justify the printing of a second edition. (E. D. Hoedemaker)

Textbook of Neuropathology. By Arthur Weil. Second Edition. Price $5.50. Pp. 356. New York, Grune & Stratton, 1945.

This authoritative textbook of neuropathology gained a position of acceptance in its first edition; the second edition, consolidates this position. A perusal of the book convinces the reader that pathology is no longer the study of "dead" tissue; "The addition of chemical and physical data reflects the author's personal endeavor to study neuropathology not merely with the aid of the microscope but with every tool possible which modern biology puts at our disposal." The book meets the needs of both student and practitioner, and can be well recommended. (Nathan Roth)

The Person in the Body. By Leland E. Hinsie. Price $2.75. Pp. 263. New York, W. W. Norton & Co., 1945.

This book is intended as an introduction to psychosomatic medicine, and as such it deals with elementary principles. The author states that, by and large, psychosomatic medicine has to do with conversion phenomena. Certainly some will find room for difference of opinion here, although it is admittedly difficult to draw a hard and fast line between conversion and psychosomatic phenomena in general. The book deals almost exclusively with the bodily complaints of patients suffering from typical psychiatric disorders, and has little or nothing to say about the emotional factors in many of the disease processes which are usually brought first to the attention of the internist. It is easily readable and will have value to those who wish to acquaint themselves with some of the basic principles of psychosomatic medicine. (Nathan Roth)

The Principal Nervous Pathways; Neurological Charts and Schemas with Explanatory Notes. By A. T. Rasmussen. Price $3.50. Pp. 73. New York, Macmillan Company, 1945.

The third edition of this very useful book on the principal nervous pathways presents no fundamental changes in content, organization, or format as compared to the first edition. The charts and schemas illustrating the principal nervous pathways are brought up to date on the basis of recent neuroanatomic research, and the brief texts accompanying each are appropriately modified. The index is more detailed and therefore more useful.

As a supplement to a textbook of neuroanatomy and an aid to three-dimensional visualization of nervous pathways, this book is unexcelled. Unlike many compends and schematic representations, its accuracy may be relied upon. It is highly recommended for reference and as an aid in reviewing the anatomy of the nervous system. (Ruth Barnard)

Personality and Social Group Work. By Everett W. DuVall. Price $2.50. Pp. 234. New York, Association Press, 1943.

This book is particularly directed to professional and volunteer workers in what the author calls "leisure-time recreational agencies." The object of leisure-time programs is no longer simply to keep the child and the adult off the street and occupied, but is directed toward "personality growth" of the participating member. With this in mind the author goes through a painstaking process of acquainting the recreational worker with some principles involved in the study of personality.

The author's attempt to encourage groupworkers to assume a more personalized attitude toward members of their groups is timely and to the point. However, the author carries his enthusiasm too far when he later advocates the use of various psychological tests as tools in the hands of the group leaders. Recalling that he directs this book chiefly to the group-worker whose training by no means necessarily includes experience in psychological testing, this emphasis must be considered at least unwise if not altogether dangerous. (Helvi Boothe)

Developmental Psychology. By Florence L. Goodenough. Price $3.75. Pp. 702. New York, D. Appleton-Century Co., 1945.

This is an ambitious attempt to cover the entire field of developmental psychology, from prenatal development to old age, including chapters on Mental Disease, Mental Deficiency, Juvenile Delinquency and Crime as well as Mental Hygiene. The material is presented in a simple almost

conversational style designed to arouse and sustain the interest of the beginning student of psychology. Emphasis is placed upon representation of factual material and of the important schools of thought now current, and little attempt is made to integrate this material into a unified point of view. Excellent photographs, tables and figures serve to increase the interest and usefulness of the book, especially as a teaching aid for which purpose it is recommended.

The all-inclusiveness of the presentation necessarily engenders a degree of superficiality. The sections on infancy and preschool-age are especially complete and adequate, those dealing with maturity and personality deviations appear weak to this reviewer. The psychoanalytic approach is inadequately presented in a 4-page summary. (Sibylle Escalona)

The Cultural Background of Personality. By Ralph Linton. Price $1.50. Pp. 153. New York, D. Appleton-Century Co., 1945.

This little volume seems to be an attempt to blueprint the coming science of human behavior which will synthesize the findings of psychology, sociology and anthropology. Linton would add biology to this trinity but states the relationship between biological phenomenon and the other three are so poorly understood it is not yet possible to add it in a workable relationship. With little conscious recognition, the author by-passes the contributions from sociology having bearing on his stated problem, proceeds to display a very unsatisfactory knowledge of psychology, and finishes with generally sound findings of social anthropology which save the book from being totally useless. There is misuse, and contradictory use, of the terminology used in the social sciences, although it is stated that the generally accepted basic meanings have been extracted. (Richard E. Worthington)

New Directions in Psychology. By Samuel Lowy. Price $3.00. Pp. 194. New York, Emerson Books, Inc., 1945.

The author, a student of Stekel, makes an impassioned plea for social reform based upon the application of psychological knowledge. He urges that the objective of the State be to plan and foster conditions which would promote the greatest degree of mental and physical well-being for the largest number of people. The book presents a summary of psychological knowledge drawn from various sources and avowedly organized on the basis of the author's training and practice. Attempts are made to indicate applications to social and political fields. Psychological concepts, such as repression, suppression and others, are used loosely and appear to be given different meanings in various parts of the text.

Throughout the book there are many refreshing, vivid, even epigrammatic summaries and characterizations. Certain of the chapters are stimulating and thoughtful. In general, though, and unfortunately, the content is not well organized, the style is heavy and uneven and the apparent emotional fervor tends to obscure and even to disrupt continuity. (William L. Pious)

Personal Mental Hygiene. By Dom Thomas Verner Moore. Price $4.00. Pp. 331. New York, Grune & Stratton, 1944.

The author, who is professor of psychology and psychiatry in the Catholic University of America, Washington, D. C., speaks more as a priest than as a psychiatrist in this book. He argues for the inculcation of moral

standards and a religious philosophy of life as the objective of psychiatric treatment. He says, "Without ideals and with no moral and religious principles, modern psychiatry has many most unfortunate limitations," principally a lack of appreciation of the "conscience principle" which, ideally "overcomes the libido." (J. L. M.)

Psychology of Adolescence. By Luella Cole. Price $3.25. Pp. 660. New York, Farrar & Rinehart, Inc., 1942.

This book should be of interest and help to teachers for whom it was primarily written. It consists of a comprehensive discussion of the adolescent phases of physical, emotional, intellectual, social and moral growth. The author has diligently and thoroughly searched the literature for all relevant objectively proven data.

Throughout the discussion the importance of the rôle of the high school teacher in appropriately training adolescents so that they may become well adjusted, healthy adults is stressed. The book contains many case examples and much constructive criticism and advice for teachers. (Mary Leitch)

Men, Mind, and Power. By David Abrahamsen. Price $2.00. Pp. 155. New York, Columbia University Press, 1945.

In this book the author presents his views of the psychologic forces at work in Germany which led to the gigantic struggle just concluded. In the light of his criminologic and psychiatric experiences, he shows some of the unconscious, emotional attitudes which allowed the German people to accept and welcome Nazism. There are informative personality analyses of leading Nazis, Quislings and collaborationists. The book ends with suggestions for the psychiatric correction of the disordered personality structure of the German as an important step in winning the peace. (Nathan Roth)

Medicine and the War. Edited by William H. Taliaferro. Price $2.00. Pp. 193. Chicago, University of Chicago Press, 1944.

Ten subjects connected with the war and medicine are presented in lecture form by members of the Division of Biological Sciences of Chicago University. The book was compiled with the intention of presenting the layman with some of the facts, accomplishments and problems directly connected with the war and the years following it. It is interestingly written and easily read. Dr. Paul Cannon's remarks concerning the food situation in relationship to conducting a war and feeding the people afterward are sobering ones. The editor gives a good summary of the malaria situation in relation to large masses of humanity, which is followed by a discussion of the need for prophylactic epidemiological work entitled "Insects, Disease and Modern Transportation." Psychiatric problems in the services and some of the post-war problems are touched upon by Dr. David Slight. (Edward Adams)

The Eternal Ones of the Dream. By Geza Roheim. Price $4.50. Pp. 270. New York, International Universities Press, 1945.

This contribution to the psychoanalytic study of anthropological material discusses the origin and meaning of totemic mythology among the primitive Australians, and its relation to ritual as well as to the dream and the day-dream. It is a rich source book, designed apparently for technical study. (Margaret Brenman)

The Unknown Murderer. By Theodor Reik. Price $3.00. Pp. 260. New York, Prentice-Hall, Inc., 1945.

The title of the book is misleading in that it bears only an indirect relationship to the content. The author states that the law court is not the right place for psychoanalysis, which can best serve criminology by research investigation into some of the problems involved in criminal justice. He leaves no doubt in the reader's mind that the greatest problem is the psychological naivete of judges which has led to terrible miscarriages of justice. He displays a lesser zeal in investigating the psychological meaning of the interest of everyone in finding the perpetrator of an unsolved crime, despite an introductory statement to the effect that this is his primary purpose in writing the book.

The method of approach to the investigation is a genetic one. It leads to a discussion of many interesting facts and speculations about the habits and superstitions of primitive and extant savage tribes, a few speculations about the psychology of the murderer and suspect, and also to the conclusion that despite years of social and cultural alterations we have not been entirely successful in overcoming the animistic thinking of our ancestors. (Mary Leitch)

Psychology of Sex Relations. By Theodor Reik. Price $3.00. Pp. 243. New York, Farrar & Rinehart, Inc., 1945.

In a vague way only, the title of this book is related to its contents, which consists in a rather disconnected series of chapters which contain occasional flashes of brilliant intuition but which are, for the most part, devoted to repetitious refutation of the identity of love and the sexual impulse. It is especially astonishing that an old student of Freud should have succumbed so completely to what Dr. Ernst Lewy has called "the return of the repression," and so completely missed or forgotten Freud's own definition of his use of the word sexual and Freud's revision of the old libido theory. (K. A. M.)

The Therapy of the Neuroses and Psychoses. Second edition. By Samuel H. Kraines. Price $5.50. Pp. 567. Philadelphia, Lea & Febiger, 1943.

In the preface to this second edition, the author announces the inclusion of new material concerning Schizophrenia and new chapters on the *Shock Therapies*, the *Organic Psychoses*, and the *Neuropsychiatric States Induced by the War*. To "provide space for the new material" he has "deleted the chapter on Psychoanalysis and Related Schools."

The first five chapters are devoted to classifications and descriptive material, the fifth chapter having to do with sex drives. The remaining 15 chapters are complete expositions of the author's view of psychotherapy and reveal his psychobiologic orientation. Much good case material is presented to illustrate therapeutic procedures. The long recognized rôle of direct discussion of etiologic factors of which the patient feels he is aware is carefully detailed. The chapter on the states induced by war deserves praise for its comprehensiveness and practical suggestions.

The book should be of value to general practitioners especially and to those psychiatrists whose interests lie in the direction of physiologic and environmental etiologic agents as the objects of their therapeutic efforts. (E. D. Hoedemaker)

Personality Factors in Counseling. By Charles A. Curran. Price $4.00. Pp. 287. New York, Grune & Stratton, 1945.

The writer of this book on non-directive counseling is a Catholic clergyman with psychological training. Michael Ready, Bishop of Columbus, has contributed the preface and Carl R. Rogers, Professor of Psychology, University of Chicago, has written the introduction. The author's aim is to gain further understanding of the processes which take place in counseling interviews and which lead to changes in the patient's personality.

The book is intended for the use of "all those whose work brings them in contact with personal problems—educators, doctors, nurses, social workers, priests, and religious people generally, to mention only a few." It contains case studies with reproductions of phonographically recorded interviews, analysis of the interviews and the author's conclusions.

While the book is elementary to therapists trained in the dynamic school of psychiatry, it contains much valuable material for the group for whom it is primarily intended. (Helvi Boothe)

Active Psychotherapy. By Alexander Herzberg. Price $3.50. Pp. 152. New York, Grune & Stratton, 1945.

This small book by a German refugee psychiatrist practising in England, describes psychotherapy based on four measures: "psychoanalysis, persuasion, exertion of direct influence on the patient's environment, and tasks given to the patient." The author states in a preface that he differs from the orthodox psychoanalytic theory in "finding the distinguishing characteristic of neurosis and perversion not in experiences, but in a set of mostly inborn character dispositions of a non-sexual nature." This, he states, leads not to therapeutic nihilism, but to his active attitude.

The author's "psychoanalysis" is a form of expressive psychotherapy utilizing some dynamic insights. His "persuasion" and "environmental manipulation" represent no departure from the usual manner of using such techniques. His chief emphasis is on assigning tasks to the patient. This technique of task setting apparently results in dividing patients into two groups: those whose positive transference and ego strength makes them capable of responding rather quickly, and those who "cannot be cured at all because their dislike of tackling their life problems is much greater than the unpleasantness of their illness." It is difficult to understand why the author fails to apply his understanding of transference to an evaluation of the "task therapy." (Merton M. Gill)

Women and Men. By Amram Scheinfeld. Price $3.50. Pp. 453. New York, Harcourt, Brace & Co., 1944.

This rather wordy book is an encyclopedia of information pertaining to all the differences of males and females in all phases of growth and development, from conception to death, and in all spheres of behavior and accomplishment. Wherever differences exist, Mr. Scheinfeld focuses his statistical attention, be it a difference in height, shape of head, strength or stamina, mortality or morbidity, pulse rate, reproductive function, genius, criminality, and so on *ad infinitum*. He draws on anthropology, sociology, eugenics, embryology, physiology, biochemistry, and the behavioral sciences of psychology and criminology, to tell his readers not that men differ from women, but how they differ and to what degree. Being an informal, enlightened, but quite unsophisticated book, the reader drifts from *tete a tete* conversations to inspiring statistics, to humorous illustrations, to over-simplified pictorialgrams, and back to chatty small talk about what significance may be attached to the difference discussed. (Henry Luster)